



Dave Vidal Memorial Road Race **Registration**

October 28, 2007, 10:00 A.M.
Iron Horse Boulevard



Name: _____

Address: _____

Police dept: _____

Phone: _____

Email: _____

Division: Police: _____ **M/F:** _____ **Age:** _____

Registration Fees: \$15 before Oct 20, 2007, or \$20 after Oct 20, 2007
Children 12 and under \$8 paid at any time.

(Please Check One of the Following)

___ Please charge my Credit Card (Circle One)

MasterCard – Visa – AmEx – Discover

Card# _____

Expiration Date: _____

___ Enclosed is check in the amount of \$_____

Please make checks payable to: St. Jude.

___ Enclosed is my registration fee of \$_____ plus my pledge
totaling \$_____ .

___ I will turn in my pledges on Sunday October 28th.

___ I cannot participate but enclosed is a donation for St. Jude.

___ I cannot participate but I would like to help in a different way. Please contact me.

Form should be mailed before October 22, 2007, or turned in the day of the event.
Mail form to:

ALSAC/St. Jude Children's Research Hospital
Attn: Jack Crusco
1 Bridge Street, Suite 102
Newton, MA 02458